

**CAPTION**

**FORM 68-H-1**

**INCOME AND EXPENSE STATEMENT OF**

**PETITIONER/RESPONDENT**

**Social Security Number** \_\_\_\_\_

**1. INCOME**

A. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_

Gross Wages, Salary and Commission per month: \$ \_\_\_\_\_

B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income): \$ \_\_\_\_\_

**AVERAGE MONTHLY GROSS TOTAL WAGES, SALARY, COMMISSION, & OTHER INCOME:** \$ \_\_\_\_\_

2. Your share of the gross income on last year's Federal Tax Return: \$ \_\_\_\_\_

3. **ACTUAL OR ESTIMATED EXPENSES** stated on a **MONTHLY** average:  
(If estimated, designate by adding "E" behind the amount)

\$ \_\_\_\_\_  
\_\_\_\_\_

A. Rent or mortgage payments \$ \_\_\_\_\_

B. Utilities

1. Gas \$ \_\_\_\_\_  
2. Water \$ \_\_\_\_\_  
3. Electricity \$ \_\_\_\_\_  
4. Telephone \$ \_\_\_\_\_  
5. Trash Service \$ \_\_\_\_\_  
6. Cable \$ \_\_\_\_\_

\$ \_\_\_\_\_

C. Automobiles

1. Gas and Oil	\$ _____
2. Maintenance (routine)	\$ _____
3. Taxes and Licenses	\$ _____
4. Payment on Auto Loan	\$ _____

\$ \_\_\_\_\_

D. Insurance

1. Life	\$ _____
2. Health and Accident	\$ _____
3. Disability	\$ _____
4. Homeowners	\$ _____
5. Automobile	\$ _____

\$ \_\_\_\_\_

E. Total payment on Installment Contracts

\$ \_\_\_\_\_

F. Child Support Paid to Others for Children not in your Custody

\$ \_\_\_\_\_

G. Maintenance or Alimony

\$ \_\_\_\_\_

H. Church and Charitable Contributions

\$ \_\_\_\_\_

I. Other Living Expenses

	For you	For Children	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Recreation	\$ _____	\$ _____	
7. Laundry and Cleaning	\$ _____	\$ _____	
8. Barber Shop	\$ _____	\$ _____	
9. Beauty Shop	\$ _____	\$ _____	
10. School and Books	\$ _____	\$ _____	
11. Extra curricular activities	\$ _____	\$ _____	
	=====	=====	
	\$ _____	\$ _____	\$ _____

J. Day Care or Babysitter:

\$ \_\_\_\_\_

K. All other expenses not presently identified (give a monthly average.)

1. Sundries	\$ _____
2. Reading material & TV	\$ _____
3. Gifts	\$ _____
4. Home Maintenance	\$ _____
_____	\$ _____

**TOTAL AVERAGE MONTHLY EXPENSES**

\$ \_\_\_\_\_

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Subscribed and sworn to before me on this \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_